



NOTICE OF SOLICITATION

Serial # - PH ROQ 09-010

REVIEW OF QUALIFICATIONS FOR: PROFESSIONAL PSYCHIATRIC PHYSICIAN SERVICES

Notice is hereby given that sealed responses to the above ROQ will be received by the Maricopa County Department of Public Health, 4041 N. Central Avenue, Suite 1400, Phoenix, AZ 85012, until **2:00 P.M./M.S.T. on Wednesday, September 17th, 2008** for the furnishing of the following for Maricopa County. ROQs will be opened by the Public Health Procurement Officer (or designated representative) at an open, public meeting at the above time and place.

All responses must be signed, sealed and addressed to Cheryl Rentscheler, Procurement Officer, c/o Maricopa County Department of Public Health, and marked **"PH ROQ 09-010, INVITATION FOR REVIEW OF QUALIFICATIONS, PROFESSIONAL PSYCHIATRIC PHYSICIAN SERVICES"**

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protest concerning this request for bids must be filed with the Procurement Officer in accordance with Section MC1-905 of the Code.

ALL ADMINISTRATIVE INFORMATION CONCERNING THIS SOLICITATION AND THE CONTRACTUAL TERMS AND CONDITIONS CAN BE LOCATED AT *(in all cases, all forms of the term "bid" is used interchangeably with the terms "ROQ", "applicant", "response", etc.)* <http://www.maricopa.gov/materials/advbd/bidinfo.asp> *IN ANY SITUATION OR CASE THAT THE ADMINISTRATIVE INFORMATION OR THE CONTRACTUAL TERMS AND CONDITIONS ARE IN CONFLICT WITH THIS SOLICITATION, THE LANGUAGE IN THIS SOLICITATION TAKES PRECEDENCE. ANY ADDENDA TO THIS SOLICITATION WILL BE POSTED ON THE MARICOPA COUNTY MATERIALS MANAGEMENT WEB SITE UNDER THE SOLICITATION SERIAL NUMBER.*

RESPONSE ENVELOPES WITH INSUFFICIENT POSTAGE WILL NOT
BE ACCEPTED BY THE MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH

INQUIRIES:

CHERYL RENTSCHELER
PROCUREMENT OFFICER
TELEPHONE: (602) 506-6886

NOTE: MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH PUBLISHES ITS SOLICITATIONS ONLINE AND THEY ARE AVAILABLE FOR VIEWING AND/OR DOWNLOADING AT THE FOLLOWING INTERNET ADDRESS:

http://www.maricopa.gov/materials/advbd/pub_health.asp

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NO RESPONSE

Contractors not responding to this ROQ are asked to complete this document and return it to Cheryl Rentscheler, Maricopa County Department of Public Health, or fax to (602) 506-6885.

MARK OUTSIDE ENVELOPE "PH ROQ 09-010"

Responses must be received **BY 2:00 P.M. SEPTEMBER 17TH, 2008**. Contractors failing to submit an application, or this document, may be subject to removal from the Maricopa County Materials Management Contractor List.

PH ROQ 09-010

TITLE: PROFESSIONAL PSYCHIATRIC PHYSICIAN SERVICES

CONTRACTOR NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

REASON FOR NO BID:

_____ Insufficient time

_____ Do not handle product/service

_____ Other: _____

IMPORTANT

PLEASE READ BEFORE SUBMITTING YOUR RESPONSE

M/WSBE CONTRACT PARTICIPATION

For this Contract a combined M/WSBE goal of 0% involvement is established for Minority/Women-Owned Small Business Enterprises (M/WSBE). This goal may be attained singularly or by any combination thereof to create the overall designated percentage involvement goal. Instructions and required forms are included in the Minority/Women-Owned Small Business Enterprise Program Contracting Requirements section. The Maricopa County Minority and Women-Owned Small Business Enterprise Program, revised June 14, 2000, is incorporated by reference

The Public Health Department of Maricopa County will endeavor to ensure in every possible way that Minority and Women-owned Small Business firms shall have every opportunity to participate in providing professional services, materials, and contractual services to the Public Health Department of Maricopa County without being discriminated against on the grounds of race, religion, sex, age or national origin. The Maricopa County Minority Business Program, effective January 1, 1992, is incorporated by reference.

Attachments E, F, and G provide detailed information and forms to be submitted as part of your bid. If no goal has been set the attachments will be not be required to be submitted with your bid.

THESE FORMS MAY BE LOCATED AT <http://www.maricopa.gov/materials>. M/WSBE PARTICIPATION FORMS.

REVIEW OF QUALIFICATIONS FOR: PROFESSIONAL PSYCHIATRIC PHYSICIAN SERVICES

1.0 **INTENT:**

The intent of this solicitation is to identify a qualified candidate to provide part-time psychiatric and physician services for Maricopa County at the Department of Public Health, Health Care for the Homeless Program, 220 South 12th Ave, Phoenix, AZ, 85007 and other sites at the County's discretion.

2.0 **SCOPE OF WORK:**

2.1 SERVICE REQUIREMENTS

- 2.1.1 Contractor shall provide direct psychiatric services through the comprehensive evaluation, diagnosis, and treatment of patients, including prescribing and administering medications.
- 2.1.2 Contractor shall provide professional consultation to staff on issues of client mental health and participate in staff conferences related to clients receiving mental health treatment.
- 2.1.3 Contractor shall complete necessary and required medical records and reports.
- 2.1.4 Contractor shall provide necessary medical services to psychiatric clients. Primary and/or non-psychiatric medical care shall be referred to appropriate sources.
- 2.1.5 Contractor shall supervise the treatment plans of assigned clients and modify as appropriate.
- 2.1.6 Contractor shall participate in the Health Care for the Homeless Quality Assurance program.
- 2.1.7 Contractor shall provide consultation and support to Health Care for the Homeless staff as needed under the direction of the Medical Director.

2.2 COMPENSATION/FEES:

- 2.2.1 Hourly compensation rate shall be \$80 per hour and is predetermined by the County. Hourly rate is to cover all services provided and is subject to acceptance and approval by the County of services rendered.
- 2.2.2 Work schedule will be flexible/part time of approximately 8 hours per week and will be determined in relation to the needs of the department. No minimum number of hours is guaranteed.
- 2.2.3 Compensation/fee increases will be determined by the Maricopa County Department of Public Health's Health Care for the Homeless Program at the time of contract renewal. Rate increases are at the discretion of the County and are not guaranteed.

2.3 INVOICING AND PAYMENT

- 2.3.1 Contractor shall submit a signed Monthly Activity Report (invoice) by the tenth (10th) work day of each month for services rendered the previous month. The invoice must reflect County contract number PH ROQ, as well as the date, time, and location for which the services were provided.
- 2.3.2 Any purchases of materials needed by the Contractor to fulfill the terms of the contract shall be approved in advance by the County through the Health Care for the Homeless

Program Administrator and acquired in conformance with the County's Procurement Code.

2.3.3 Contractor is solely responsible for its own corporate medical direction, promotion, advertising, revenue disbursement, information systems, oversight, personnel/human resources, administrative services, and any and all tasks, duties, and expenses related to or associated with their corporate operation.

2.3.4 Contractor shall be responsible for any and all taxes, permit, or authorizations that may be required by laws of the federal, state, or local government.

2.4 SPECIAL REQUIREMENTS

2.4.1 The performance of duties and obligations set forth herein will be performed by the Contractor as an independent contractor to the County. The County shall neither have nor exercise any control or direction over the methods by which the Contractor performs their clinical responsibilities so long as these responsibilities are carried out in a competent, efficient, and satisfactory manner, and in accordance with acceptable medical practices and the community standards.

2.4.2 The Contractor will actively participate with the County in planning activities to improve service delivery. These activities may involve an ongoing commitment in the form of participation in task force or action groups.

2.5 QUALITY MANAGEMENT COMPLIANCE

2.5.1 The Contractor will support and participate in a quality assessment and improvement program designed to monitor and evaluate the quality of patient care.

2.5.2 The Contractor agrees to work collaboratively with the County in the collecting and reporting of data and in the development of indicators to be measured.

2.5.3 When a problem or an opportunity to improve care or services is identified by either the County or the Contractor, the parties agree to use their best effort to:

1. Take action to improve area or services or to correct the problems;
2. Monitor the effectiveness of the action and take further action if the problem does not improve; and
3. Upon request by either party, the other party agrees to submit documentation of their actions and the results.

2.6 REQUIRED APPLICATION DOCUMENTS

2.6.1 Attachment A

2.6.2 Attachment B

2.6.3 Attachment C

2.6.4 Letter of Interest

2.6.5 Curriculum Vitae with detailed information on qualifications and experience

2.6.6 Credentials (Copies of licenses/certifications/diplomas, etc.)

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT LENGTH:

This Review of Qualifications is for awarding a fixed term professional services contract to cover a one (1) year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options. The Contractor shall be notified in writing by the Procurement Officer from the Department of Public Health of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 EVALUATION CRITERIA:

The evaluation of this ROQ will be based on the following factors:

3.3.1 Qualifications

The successful candidate will be currently licensed by the Arizona Board of Medical Examiners to practice medicine in Arizona and will have had extensive experience as a provider of psychiatric services.

3.3.2 Experience

Preference will be given to individuals who have worked with diverse and underserved adult populations, including individuals who are homeless, individuals who abuse substances, and individuals in or recently released from correctional institutions.

3.4 FACILITIES:

During the course of this Agreement, the County shall provide the Contractor with adequate workspace and such other related facilities as may be required by Contractor to carry out its obligation enumerated herein.

3.5 INDEMNIFICATION AND INSURANCE:

3.5.1 Indemnification

The Contractor agrees to indemnify, hold harmless, and defend Maricopa County, its officers and employees, their officers, boards, commissions and employees, from and against any and all claims, damages, suits and proceedings, regardless of the merits, from liability, punitive damages, costs or expense of every type, all or any part thereof arising out of or in connection with or by reason of any act or omission of the Contractor, its Subcontractors its agents, officers or employees; except as specifically permitted in Section 3.5.2.

3.5.2 Insurance Requirements.

A. Any Contractor who is duly appointed to the Health Care for the Homeless Staff and who provides health care, medical or professional services pursuant to the terms of this contract shall be deemed agents of the County for purposes of determining professional liability for acts rising out of the performance of this Contract. Such professional liability coverage shall be for services performed as specified in the Scope of Work of this Contract. The County through the Maricopa County Attorney's Office shall provide the defense and legal representation.

B. The scope of the County's responsibility to any Contractor who is duly appointed to the Health Care for the Homeless Staff and who provide health care, medical or professional services is governed by the terms of the Maricopa County Self Insurance Trust, as amended.

C. Maricopa County, its Risk Management Department and its Self Insurance Trust may defend or settle any claim or suit involving said Contractor as it deems appropriate and Contractor's consent is not required. However, the County will make reasonable efforts to consult and coordinate with the Contractor or its medical providers prior to making and/or implementing any settlement decision.

3.6 LICENSURE/CERTIFICATION

3.6.1 Contractor shall comply with all applicable provisions of law and other rules and regulations of any and all governmental, accrediting and/or regulatory authorities relating to the licensure and regulation of health care providers and physicians.

3.6.2 Upon request, Contractor agrees to allow Department, to the extent permitted by law, access to credentials of Qualified Physicians and Qualified Providers who are providing services to Department under the terms and conditions of this Contract.

3.7 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY
DEPARTMENT OF PUBLIC HEALTH
ATTN: CHERYL RENTSCHELER
4041 N. CENTRAL AVENUE, #1400
PHOENIX, AZ 85012

Administrative telephone inquiries shall be addressed to:

Cheryl Rentscheler, Procurement Officer, 602-506-6886
(cherylrentscheler@mail.maricopa.gov)

Technical telephone inquiries shall be addressed to:

Adele O'Sullivan, M.D., Medical Director, Health Care for the Homeless, 602 372-2102.

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.8 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS:

Respondents are to provide one (1) original "hard copy" (identified) as "ORIGINAL" and three (3) copies (identified) as "COPIES". Respondents are to identify their responses with the bid serial number, title and return address to Cheryl Rentscheler, Maricopa County Department of Public Health, 4041 N. Central Avenue, #1400, Phoenix, AZ 85012.

Applicants are reminded to include all attachments including a Letter of Interest, Curriculum Vitae, and copies of all licenses/certifications/diplomas.

NOTE: CONTRACTORS ARE REQUIRED TO USE ATTACHED FORMS TO SUBMIT THEIR BIDS.

ATTACHMENT A

**PROFESSIONAL PSYCHIATRIC PHYSICIAN SERVICES
PRICING SHEET**

BIDDER NAME: _____

PRICING SHEET P080106/

F.I.D./VENDOR #: _____

BIDDER ADDRESS: _____

P.O. ADDRESS: _____

BIDDER PHONE #: _____

BIDDER FAX #: _____

COMPANY WEB SITE: _____

COMPANY CONTACT (REP): _____

E-MAIL ADDRESS (REP): _____

PAYMENT TERMS: BIDDER IS REQUIRED TO SELECT ONE OF THE FOLLOWING.

TERMS WILL BE CONSIDERED IN DETERMINING LOW BID.

FAILURE TO CHOOSE A TERM WILL RESULT IN A DEFAULT TO NET 30.

BIDDER MUST INITIAL THE SELECTION BELOW.

NET 10 _____

NET 15 _____

NET 20 _____

NET 30 _____

NET 45 _____

NET 60 _____

NET 90 _____

2% 10 DAYS NET 30 _____

1% 10 DAYS NET 30 _____

2% 30 DAYS NET 31 _____

1% 30 DAYS NET 31 _____

5% 30 DAYS NET 31 _____

1.0 COMPENSATION/FEEES:HOURLY RATE

PSYCHIATRIC PHYSICIAN SERVICES
(as defined herein)

\$80.00/HR.

Respondent's signature (below) indicates understanding and agreement with the predetermined hourly compensation/fees rate indicated above.

Signature (REQUIRED)_____
Date

ATTACHMENT B

CONTRACTOR REFERENCES

INDIVIDUAL SUBMITTING ROQ: _____

1. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
2. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
3. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
4. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____
5. COMPANY NAME: _____
ADDRESS: _____
CONTACT PERSON: _____
TELEPHONE: _____ E-MAIL ADDRESS: _____

ATTACHMENT C

AGREEMENT

The Contractors hereby certify that they have read, understand and agree that acceptance by Maricopa County of the Contractor's offer by the issuance of a Purchase Order or Contract will create a binding Contract. Further, they agree to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement.

BY SIGNING THIS AGREEMENT THE SUBMITTING INDIVIDUAL CERTIFIES THAT THEY HAVE REVIEWED THE ADMINISTRATIVE INFORMATION AND CONTRACTUAL TERMS AND CONDITIONS LOCATED AT <http://www.maricopa.gov/materials>. AND AGREE TO BE CONTRACTUALLY BOUND TO THEM.

MINORITY/ WOMEN-OWNED SMALL BUSINESSES (check appropriate item):

☐ Disadvantaged Business Enterprise (DBE)
☐ Women-Owned Business Enterprise (WBE)
☐ Minority Business Enterprise (MBE)
☐ Small Business Enterprise (SBE)

INDIVIDUAL SUBMITTING ROQ

VENDOR NUMBER

PRINTED NAME AND TITLE

AUTHORIZED SIGNATURE

ADDRESS

TELEPHONE

FAX #

CITY STATE ZIP

DATE

WEB SITE: _____

EMAIL ADDRESS: _____

MARICOPA COUNTY, ARIZONA

BY: _____
PROCUREMENT OFFICER, PUBLIC HEALTH

DATE

BY: _____
DIRECTOR, MATERIALS MANAGEMENT

DATE

APPROVED AS TO FORM:

MARICOPA COUNTY ATTORNEY

DATE

EXHIBIT 1

VENDOR REGISTRATION PROCEDURES

On-line Vendor Registration at Maricopa County is available NOW!

On November 22, 2004, Maricopa County changed its vendor registration process. Paper forms will no longer be accepted. Vendor registrations will only be accepted through the active website. Register at <http://www.maricopa.gov/Materials/>

The new process will give you full control over your organizational information. Please be advised however that you are now directly responsible for the presence and accuracy of your company's information.

Vendors currently registered in our system who have changes to their information or have not registered online must establish a new account via the above web site link. Materials Management will no longer post changes to existing vendor records.

Procurement vendors: Be sure to select those commodity codes that best represent the commodities and or services provided by your organization. Non-procurement registrants may ignore the commodity portion.

Registration is **FREE**. You may use any computer with web access for registration, record updating and maintenance.

If you have any questions, email us at VendorReg@mail.maricopa.gov.